

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214515912				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Pitcairn Trust Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: PA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2014</p> <p>SCC ID NO: F1625146</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>45,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	45,000
CLASS	AUTHORIZED					
COMMON	45,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 165 TOWNSHIP LINE RD STE 3000</p> <p style="text-align: center;">CITY/ST/ZIP: JENKINTOWN, PA 19046</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LESLIE C VOTH TITLE: D/P/CEO ADDRESS: 165 TOWNSHIP LINE RD STE 3000 CITY/ST/ZIP/CO: JENKINTOWN, PA 19046 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LESLIE C VOTH TITLE: D/P/CEO ADDRESS: 165 TOWNSHIP LINE RD STE 3000 CITY/ST/ZIP/CO: JENKINTOWN, PA 19046	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME:	SUSAN DEVLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DIR OF IT		
ADDRESS:	165 TOWNSHIP LN RD STE 3000		
CITY/ST/ZIP/CO:	JENKINTOWN, PA 19046		
NAME:	JANICE E FRYE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	DIR OF OPS		
ADDRESS:	165 TOWNSHIP LN RD STE 3000		
CITY/ST/ZIP/CO:	JENKINTOWN, PA 19046		
NAME:	BARBARA R HAUSER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 TOWNSHIP LN RD STE 3000		
CITY/ST/ZIP/CO:	JENKINTOWN, PA 19046		
NAME:	BETH P JEWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 TOWNSHIP LN RD STE 3000		
CITY/ST/ZIP/CO:	JENKINTOWN, PA 19046		
NAME:	JAMES L KERMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 TOWNSHIP LN RD STE 3000		
CITY/ST/ZIP/CO:	JENKINTOWN, PA 19046		
NAME:	WM. CHRISTOPHER KERR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 TOWNSHIP LN RD STE 3000		
CITY/ST/ZIP/CO:	JENKINTOWN, PA 19046		
NAME:	DAIN KISTNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 TOWNSHIP LN RD STE 3000		
CITY/ST/ZIP/CO:	JENKINTOWN, PA 19046		
NAME:	JOHN L KREISCHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 TOWNSHIP LINE ROAD		
CITY/ST/ZIP/CO:	STE 3000 JENKINTOWN, PA 19046		
NAME:	JENNY P MADDOCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 TOWNSHIP LN RD STE 3000		
CITY/ST/ZIP/CO:	JENKINTOWN, PA 19046		
NAME:	CLARK D PITCAIRN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 TOWNSHIP LINE RD STE 3000		
CITY/ST/ZIP/CO:	JENKINTOWN, PA 19046		
NAME:	FEODOR PITCAIRN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 TOWNSHIP LN RD STE 3000		
CITY/ST/ZIP/CO:	JENKINTOWN, PA 19046		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER S RHODES DIRECTOR 165 TOWNSHIP LN RD STE 3000 JENKINTOWN, PA 19046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW D PITCAIRN DIRECTOR 165 TOWNSHIP LINE RD STE 3000 JENKINTOWN, PA 19046	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DENISE L WALLACE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENISE L WALLACE, ASST SEC PRINTED NAME AND CORPORATE TITLE	3/26/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			